

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006997

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1385

STATE FILE NUMBER

FILED MAR 15 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
John L. Nieman MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS City Mo.</u>		c. CITY OR TOWN <u>Prairie Village</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>2907 W. 73 Terr.</u>	
3. NAME OF DECEASED (Type or print) First <u>Infant</u> Middle <u>Boy</u> Last <u>Shade "A"</u>		4. DATE OF DEATH Month <u>2</u> Day <u>16</u> Year <u>63</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-16-63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <u>Donald Douglas Shade</u>		11b. MOTHER'S MAIDEN NAME <u>Ruby Jeanne Sterlin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)		17. INFORMANT <u>Donald Douglas Shade, Prairie Village</u>	
IMMEDIATE CAUSE (a) <u>Immaturity</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
DUE TO (b) _____		14. NAME OF HUSBAND OR WIFE _____	
DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>9 hr 18 min</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>2/16/63</u> to <u>2-16-63</u> and last saw him alive on <u>2/16/63</u>		Death occurred at <u>7:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>John L. Nieman MD</u> (Degree or title)		22b. ADDRESS <u>1301 Hosston Rd, Prairie Village, Kansas</u>	
22c. DATE SIGNED <u>2/16/63</u>		23. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Hopkins Cemetery 2-16-63</u>		23b. NAME OF CEMETERY OR CREMATORY <u>St. Luke's</u>	
24. FUNERAL DIRECTOR <u>David H. Gibson M.D.</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>3-1-63</u>	
26. REGISTRAR'S SIGNATURE <u>Arch Long</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision. *Hospital Disposal*

Student _____
Signature of Student Embalmer

Signed *David L. Gilman Jr.* _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.